

THE COMMONWEALTH OF MASSACHUSETTS ALCOHOLIC BEVERAGES CONTROL COMMISSION

239 Causeway Street Boston, MA 02114

Application for a License to act as Agent, Broker or Solicitor under provisions of Section 18A, of Chapter 138 of the General Laws, as amended.

| | Dated at |
|--|--|
| The undersigned hereby applies for a licentary | nse to act as Agent, Broker or Solicitor for |
| (Name of principal for whom applicant is | to act) |
| (Address of principal's place of business) | |
| | full and correct name of licensing authority.) |
| | icense being applied for authorizes the solicitation of orders for alcoholic beverages from enses only for such alcoholic beverages as such holders under their respective licenses are |
| THE ABOVE STAT | TEMENTS ARE MADE UNDER THE PENALTIES OF PERJURY |
| | (Print name of applicant) |
| | (Signature of applicant or authorized agent) |
| | (Address) |
| | (Telephone Number) |

If the application is made by an individual or a partnership, satisfactory proof of citizenship and of residence in this Commonwealth shall be furnished for each individual.

If the application is made on behalf of a corporation, satisfactory evidence that a citizen of the United States with full power and authority over all business relative to alcoholic beverages has been appointed to act as manager or principal representative for this purpose shall be furnished.

If the application is made on behalf of a foreign corporation, satisfactory evidence that it has been admitted to do business in Massachusetts shall also be furnished.

License Fee \$2000.00

Enclosed find Money Order Check

(Not to be filled out if the application on the reverse side is made on behalf of a foreign corporation to act as Agent, Broker or Solicitor on its own account.)

| The undersigned, being the holder of | | |
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| (1 | State type of license held) | |
| License No issued | • | |
| | (State full and correct tit | le of licensing authority) |
| for the sale of | | |
| | (State kind of alcoholic beverages) | |
| hereby certifies that | | |
| | (Name of individual, individuals or co | |
| | r Solicitor for the purpose of soliciting orders for Commonwealth of Massachusetts for our account | |
| THE ABOVE STATEM | MENTS ARE MADE UNDER THE PENALTI | ES OF PERJURY |
| | rite or print – Do not write – full and correct nam | |
| | (Signature) | |
| | (Mail Address) | |
| | | |
| Pursuant to M.G.L. Ch. 62C, Sec. 49A, I certi state tax returns and paid all state taxes require | ify under the penalties of perjury that I, to my bested under law. | st knowledge and belief, have filed all |
| Social Security Number Or Corporate Name | Signature of Individual | Date |
| Federal Identification Number | by:Corporate Officer | Date |

(if applicable)